Conclusions This case highlights the implications of this syndrome, especially the risk of difficult airway. Epidural analgesia is possible and a good option to avoid airway interventions. A thorough and timely evaluation is essential.

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Application for ESRA Abstract Prizes: I don’t wish to apply for the ESRA Prizes.

Background and Aims Single-shot neuraxial techniques are not useful for most labor analgesia. Intravenous patient-controlled analgesia (iv-PCA) is indicated for parturients who cannot receive neuraxial analgesia. We present two cases managed with a combined single-shot technique and iv-PCA.

Methods Case 1: A 37-year-old, G1P0 woman presented at 19 weeks gestation for abortion indicated with fetal abnormalities. She had a medical history of thoracic to lumbar spine surgery for scoliosis. We determined continuous epidural analgesia was not possible and choose a combination of single-shot spinal anesthesia combined with iv-PCA. Before cervical dilatation procedures, 200 mcg of morphine with 7.5mg of bupivacaine was administered intrathecally using a 25-gauge needle. Following induction with prostaglandin E2, iv-PCA with fentanyl (10 mcg/h, 25 mcg/bolus, lockout time 10 min) was initiated. Standard monitors were placed, and the respiratory monitored with ETCO2 continuously until 24 hours after administration. The low dose of naloxone was administered to manage opioid side effects such as pruritus or nausea. Pain control during labor was adequate and the parturient was delivered without serious complications. Case 2: A 27-year-old, G5P0 presented at 21 weeks gestation for abortion indicated with a fetal abnormality. She was not eligible for epidural analgesia due to anticoagulant therapy. 200 mcg of morphine with 10mg of bupivacaine was administered and then the same protocols were used in this parturient. Pain control during labor was good and opioid side effects were well controlled with naloxone.

Conclusions A single-dose technique combined with iv-PCA provided adequate labor analgesia in mid-term delivery without serious complications.

Paediatrics

Combed A Single Dose of Intrathecal Morphine and Intravenous Patient-Controlled Analgesia for Labor Analgesia in Mid-Term Delivery: Report of Two Cases

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Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims The Erector Spinae Plane Block (ESPB) is a new regional anesthetic technique, and the global literature data on pediatric patients is still limited. The aim is to evaluate the analgesic power of the ESPB under ultrasound guidance when used in pediatric patients undergoing thoracic surgery. The effectiveness of the technique is based on opioid and non-opioid analgesic consumption within the first 24 hours postoperatively, as well as pain assessment scales.

Methods Pediatric patients aged 3-18 years old who underwent thoracic interventions between January 2022 and May 2023 at the Clinic of Pediatric Anesthesiology and Intensive Care. A 22G, 50mm needle was used for the technique, and the local anesthetic was Ropivacaine 0.25%, not exceeding a volume of 20ml unilaterally or separately for each side, while avoiding the maximum toxic dose of Ropivacaine of 2mg/kg.

Results An overview of the literature data regarding the effectiveness of the ESPB is presented, along with the data obtained at the Clinic of Pediatric Anesthesiology which are compared to conventional venous analgesia. The possible complications are described based on both the literature data and observations at the Clinic.

Conclusions Reducing the pain, better comfort during hospital stay, and minimizing stress factors are of crucial importance, especially in the pediatric population. The advantages of regional anesthesia over venous analgesia, as well as the tendency to avoid central blocks when possible by using effective and sufficiently safe peripheral blocks, create favorable conditions for establishing the ESPB as a good, relatively easy technique for analgesia in the thoracic region, even in children.

Attachment: Ethic Committee.pdf

LOCOREGIONAL ANESTHESIA IN PEDIATRIC SURGERY: A COMPARATIVE STUDY BETWEEN CAUDAL BLOCK AND LUMBAR SQUARE BLOCK IN INGUINAL HERNIA AND TESTICULAR ECTOPIA SURGERY

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Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page).

Application for ESRA Abstract Prizes: I don’t wish to apply for the ESRA Prizes.

Background and Aims Loco-regional anaesthesia (LRA) has enjoyed incredible growth, and plays a key role in the multimodal approach to post-operative pain management in children. The latest studies show a significant regression of central blocks, and mainly caudal blocks, in favor of peripheral nerve blocks. In the past, caudal nerve block (CB) was commonly indicated in pediatric surgery, despite its particularities, risk of complications and relatively short duration of...
analgesia. Today, lumbar square nerve blocks (LSB) have proved to be an effective method of postoperative analgesia. The aim of our study is to compare CB with LSB in the surgical treatment of inguinal hernia and testicular ectopia in children.

**Methods** Materials and methods: This was a prospective, randomized, double-blind study comparing the postoperative analgesic efficacy of caudal block versus BCL in pediatric patients who had undergone surgery for inguinal hernia and testicular ectopia under general anesthesia. Sixty children were included, and demographic characteristics, use of intravenous analgesics, complications, FLACC score at H1, H2, and H12 were compared. FLACC scores over 12 hours were significantly lower in the LSB group (p = 0.002). FLACC scores over 12 hours were significantly lower in the LSB group (H2 and H12 respectively p=10^-3, and p=0.02). Parental satisfaction scores were higher in the LSB group (H2 and H12 respectively p = 0.002). Parental satisfaction scores were higher in the LSB group (p=0.0112).

**Conclusions** Conclusion LSB may be a promising alternative in pediatric anesthesia.

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**Abstracts**

**#34740** ASSESSMENT OF THE PREEMPTIVE MIDAZOLAM ON HEADACHE AND MYALGIA AFTER ELECTROCONVULSIVE THERAPY COMPARED TO A CONTROL GROUP

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**Application for ESRA Abstract Prizes:** I don’t wish to apply for the ESRA Prizes

**Background and Aims** Electroconvulsive therapy (ECT) is a controlled electrical stimulus that affects central nervous system and leads to convulsion. Such as every other medical procedure, electroconvulsive therapy has some side effects like headache and myalgia. Patient undergoing electroconvulsive therapy receives different anesthetic drugs and some drugs like Midazolam, Atropine etc. to reduce side effects.

**Methods** This study included 40 patients who were candidates for receiving electroconvulsive therapy. By using convenience sampling, patients were divided into 2 groups of 20 people. Midazolam were given to one group while the other received placebo. Two patients in midazolam group were removed because of short period of convulsion (lower than 20 seconds). The collected data were analyzed using independent t and chi-square tests.

**Results** 16 men (42.1%) and 22 women (57.9%) were studied. The incidence of headache (P < 0.001), myalgia (P = 0.014) and vomiting (P = 0.011) was significantly higher in witness group. The incidence of coughing and laryngospasm was not significantly different between the two groups (P > 0.050).

**Conclusions** Midazolam can reduce convulsion time but in most cases, convulsions last more than 25 seconds, which is in therapeutic range. So, it cannot affect the therapeutic value of electroconvulsive therapy. Preemptive midazolam reduces Post-electroconvulsive-therapy headache and myalgia.

**#35933** LONG TERM EFFECTS OF OPIOID USE PERIOPERATIVE/POSTOPERATIVE ON PEDIATRIC PATIENTS

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